

STRENGTHEN PRIMARY HEALTH CARE TO DELIVERY QUALITY MALARIA SERVICES

25th April was World Malaria Day under the theme “**Ready to Beat Malaria**”. The day was commemorated globally with various events. In Ghana the day was marked by several events to raise awareness and engender commitment by policymakers and other stakeholders to reduce the burden of malaria.

At this time, it is useful to reflect on our country situation and national efforts at reducing the morbidity and mortality attributable to malaria.

It has been estimated that about 40% of the world’s population live in malaria endemic regions. Approximately 90% of deaths attributable to malaria occur in sub-Saharan Africa. Malaria is endemic in all regions of Ghana, which means that everybody is susceptible to malaria infection. The incidence of malaria still accounts for 30% of all outpatient attendance with the most vulnerable groups being children under-5 years of age and pregnant women.

The 2014-2020 Ghana Strategic Plan for Malaria Control focuses on scaling up interventions to reduce the malaria morbidity and mortality burden by 75% by 2020. Some key malaria control interventions in Ghana include ownership and use of mosquito nets and intermittent preventive treatment in Pregnancy (IPTp).

While Ghana may have made important headway, the pace of progress must be greatly accelerated if we are to reach our global malaria targets for 2020 and beyond. According to the 2016 Ghana Malaria Indicator Survey (GMIS), 52% of children under-5 and 50% of pregnant women sleep under an insecticide-treated mosquito net – the primary prevention method. This level of usage represents a marginal increase since 2014 but is far from the goal of universal access.

Prompt diagnosis and treatment is the most effective means of preventing a mild case of malaria from developing into severe disease and death. The National Malaria Control Programme policy recommends prompt parasitological confirmation by microscopy or alternatively rapid diagnostic tests (RDTs) for all patients suspected of malaria before treatment is started. In the 2016 GMIS, only 30% of children under-5 with suspected malaria were actually tested before treatment. This information provides a very useful proxy measure for adherence to the National Malaria Control Programme (NMCP) policy of conducting diagnostic testing for all suspected malaria cases before treatment. It means, therefore, that a significant number of suspected malaria cases are being treated without confirmatory test.

In Ghana, Intermittent Preventive Treatment of malaria in pregnancy (IPTp) is a full therapeutic course of antimalarial medicine given to pregnant women at routine anti-natal care (ANC) visits

to prevent malaria. IPTp helps prevent maternal malaria episodes, maternal and foetal anaemia, placental parasitaemia, low birth weight and neonatal mortality.

Sulfadoxine-pyrimethamine (SP), also known as Fansider, is the recommended drug for IPTp in Ghana. Over the years, the Ministry of Health (MoH) and the Ghana Health Service (GHS) have been implementing IPTp to protect the pregnant woman and her unborn child from malaria. In 2013, the NMCP revised its policy based on a WHO recommendation from only three doses to three or more doses. In the 2016 GMIS, only six in ten pregnant women received three or more doses of SP/Fansider as recommended by the National Malaria Control Strategy.

Artemisinin-based combination therapy (ACT) is the recommended first-line antimalarial drug for the treatment of uncomplicated malaria in Ghana. Research shows that only 59% of children under-5 with fever took ACT. This indicates that there are more people who are using other therapies not recommended for the treatment of uncomplicated malaria in Ghana.

The stagnating progress in reducing the burden of malaria mortality and morbidity is attributed to barriers at the individual/community level and within the health system. Communities and individuals have limited knowledge of their health entitlements as well as the skills to demand for quality malaria care. In a 2017 malaria project baseline survey conducted by the Alliance for Reproductive Health Rights (ARHR) in selected districts of the Western Region, only 4% of the respondents had knowledge of their health entitlements and only 10% had knowledge of government's commitment under the malaria service package. Stock out of essential drugs and inputs such as ACT, RDTs and SP affects malaria service delivery. In the same baseline survey, 35% of health facilities reported stock outs of essential inputs for malaria service delivery. Inadequate funding for malaria services as well as attitudes and non-adherence to treatment protocols by service providers hinder malaria service delivery.

Going forward, ARHR recognizes the fact that, the fight to beat malaria cannot be achieved outside the context of a strengthened primary health care system. Availability of essential drugs and inputs, increased compliance to standards in malaria control and prevention with appropriate skills mix operating at promotive, preventive and curative levels and partnerships among providers and their communities or clients working together will improve quality of care and malaria outcomes.

CSOs have a crucial role to play in instilling in communities and individuals a sense of entitlement. If individuals and communities are aware of their rights and responsibilities and are provided platforms to engage, they can influence service providers, local and national authorities to make decisions that promote greater access to quality malaria services. This can potentially institutionalize social accountability in the health sector and drive better investment decisions for malaria service delivery.

A “business as usual” approach – employing the same level of resources and the same interventions - will roll back the progress made in reducing malaria mortality and morbidity.

ARHR urges government to adopt an innovative approach that will boost funding for malaria programmes, expanded access to effective interventions and greater investment in the research and development of new tools. We again urge government to strengthen our primary health care system to effectively deliver quality health services.